



February 10, 2025

Jeff Wu
Acting Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244-1850

Submitted electronically via regulations.gov

RE: Advance Notice of Methodological Changes for Calendar Year (CY) 2026 for Medicare Advantage (MA) Capitation Rates and Part C and Part D Payment Policies (CMS-2024-0360)

Dear Acting Administrator Wu:

On behalf of the National Alliance for Caregiving (NAC), thank you for the opportunity to comment on the Centers for Medicare & Medicaid Services (CMS) CY 2026 Advance Notice. NAC champions the critical role of family caregivers in supporting Medicare beneficiaries, and our comments address how the proposed changes can better serve this essential and growing population.

Since 1996, NAC has been a catalyst for change, transforming how the United States recognizes, supports, and values our 53 million family caregivers providing complex care. Through our nationally recognized research and our advocacy for the first-ever National Strategy to Support Family Caregivers, we drive the policy, system, and culture change needed to make family caregivers a national priority. With more than 50 members, we build partnerships across aging, disability, healthcare, philanthropy, and the private sector to value the contributions of family caregivers.

Overarching Comments

NAC acknowledges CMS's efforts to implement meaningful policy updates in CY 2026 to advance affordability and access to high-value care for Medicare Advantage beneficiaries. However, we urge CMS to carefully consider these changes through the perspective of recognizing and supporting family caregivers. Family caregivers serve a critical role in supporting MA beneficiaries, and their needs and perspectives must be considered in policy development. Below, we provide detailed recommendations for refining and implementing the

proposed updates to MA and Part D policies, with a focus on ensuring these policies effectively support both beneficiaries and their essential caregivers.

Proposed Changes to Star Ratings and Health Equity Index (HEI)

We support CMS's efforts to streamline Medicare Advantage (MA) and Part C and D Star Ratings and incorporate social risk factors into the Health Equity Index. However, we believe that to adequately assess quality of care and to reduce health disparities, these measures should consider the role and needs of family caregivers who provide vital support to Medicare beneficiaries.

The current Star Ratings system does not adequately capture or incentivize support for family caregivers—both those who are caring for MA beneficiaries and those who are MA beneficiaries themselves. Research indicates that millions of family caregivers experience poor health, emotional stress, and financial insecurity while caring for Medicare beneficiaries. Moving forward, we urge CMS to consider opportunities to incorporate caregiver-focused metrics into the Star Ratings system including, but not limited to:

- Assessment of plans' provision of caregiver education and training programs
- Availability and utilization of respite care services
- Integration of caregivers into care planning and coordination
- Measurement of caregiver satisfaction and support needs

Additionally, to accurately capture social risk factors that reflect the circumstances of socially vulnerable populations, we urge CMS to consider policy paths to incorporate the availability and economic status of family caregivers within the HEI.

Further, factors such as income level, housing instability, food insecurity, and access to transportation are critical determinants of health and should be reflected in the HEI framework. Incorporating these factors will allow CMS to better evaluate and reward plans that address systemic barriers to care. For example, plans that demonstrate effective interventions to address housing instability or food insecurity should be acknowledged and incentivized to continue and expand these efforts.

Patient and caregiver organizations must serve a central role in developing and refining Star Ratings and HEI measures. Engagement with these organizations that have direct access to beneficiaries can ensure that these measures align with their priorities and reflect their lived experiences. CMS should establish advisory panels that represent the full breadth and depth of the Medicare population, including family caregivers and even direct care workers. This collaboration can also provide critical insights into how measures impact different populations, ensuring that they drive equitable outcomes across beneficiary groups.

We are eager to work with agency officials to explore opportunities to implement enhancements to create more meaningful incentives for plans to develop and maintain robust caregiver support programs while recognizing the diverse needs of Medicare beneficiaries and their family caregivers.

Expanding Access to High-Value Care

We commend CMS's focus on expanding access to high-value care and strongly recommend considering opportunities to explicitly include caregiver support services within this framework. Evidence clearly demonstrates that supporting family caregivers improves beneficiary outcomes while reducing overall healthcare costs. Our research indicates that as many as two-thirds of family caregivers experience overwhelming feelings of anxiety and depression related to their caregiving responsibilities, highlighting the urgent need for comprehensive support services.

To incentivize plans to offer broader supplemental benefits to beneficiaries and their caregivers, like food and respite care, CMS should consider implementing targeted interventions such as financial incentives or regulatory flexibilities. Respite care provides crucial short-term breaks for caregivers.

Given that half of all Medicare beneficiaries are enrolled in Medicare Advantage plans, we encourage CMS to develop regulatory and payment mechanisms that encourage Medicare Advantage organizations to offer more comprehensive supplemental benefits. These could include respite and adult day care, as well as non-primarily health-related benefits like food and nonmedical transportation, which can significantly reduce caregiver burden and families' out-of-pocket expenses for home-based care.¹ CMS could also incentivize plans to offer additional benefits that address the nonmedical drivers of health, especially in underserved areas, including rural communities.

Longer term, Congress could expand eligibility for special supplemental benefits beyond the statutorily defined chronically ill population. This expansion would allow more beneficiaries to access nonmedical benefits like meals and groceries, potentially improving health outcomes. Expanded eligibility could include those eligible for low-income subsidies, who currently can receive nonmedical supplemental benefits in plans offered under the Medicare Advantage Value-Based Insurance Design Model.²

We further encourage CMS to explore payment options to compensate family caregivers for in-home services. Precedent for compensation or stipends exists in other federal programs, including Medicaid and Veterans Affairs (VA) health care.³ Currently, some Medicare Advantage plans offer limited reimbursement to family caregivers for in-home care. In the short term, CMS could encourage or incentivize these plans to enhance caregiver reimbursement. The CMS Innovation Center could also test compensation or stipend models under Medicare. Longer term, including caregiver compensation in traditional Medicare would require congressional legislation.

¹ Kathryn A. Coleman, "Reinterpretation of "Primarily Health Related" for Supplemental Benefits," letter to Medicare Advantage Organizations and Section 1876 Cost Contract Plans, Medicare Drug and Health Plan Contract Administration Group, Centers for Medicare and Medicaid Services, Apr. 27, 2018

² Centers for Medicare and Medicaid Services, "Medicare Advantage Value-Based Insurance Design Model," June 23, 2023.

³ Salom Teshale, Wendy Fox-Grage, and Kitty Purington, [*Paying Family Caregivers Through Medicaid Consumer-Directed Programs: State Opportunities and Innovations*](#) (Administration for Community Living, National Academy for State Health Policy, and the John A. Hartford Foundation, Apr. 2021); and U.S. Department of Veterans Affairs, "[VA Caregiver Support Program](#)," Aug. 21, 2023

Finally, ensuring that Medicare Advantage plans provide enrollees with clear, accessible information on supplemental benefit offerings each year is crucial. Enrollees must understand how to access and use these benefits. In the short term, CMS should enforce requirements for plans to inform beneficiaries of available Medicare Advantage supplemental benefits, including those impacting caregivers, during open enrollment and throughout the coverage period. CMS should also ensure prompt communication of all benefit information—including social benefits like meals, in-home supports, and caregiver respite and compensation—to both beneficiaries and their caregivers. Medicare Advantage plans can further ensure enrollee understanding by tracking benefit utilization and conducting outreach to enrollees with low uptake. Transparency regarding these benefits is essential to expanding access to high-value care.

Conclusion

NAC appreciates CMS's ongoing commitment to improving Medicare Advantage and Part D programs for beneficiaries. The proposed changes for CY 2026 offer critical opportunities to enhance accessibility, affordability, and access for millions of Americans. However, realizing the full potential of these updates requires a crucial element: the integration of family caregiver perspectives.

NAC's comments on MA and Part D policies align significantly with the **2022 National Strategy to Support Family Caregivers**, particularly Goal 2: "Increase awareness and access to existing supports and services for family caregivers," with a crucial emphasis on integrating caregivers into the healthcare team.⁴ A core component of Goal 2 is building partnerships with health teams to better support caregivers and integrate them into healthcare delivery. By expanding access to supplemental benefits like respite care, meals, and non-medical transportation, and by promoting greater transparency and utilization of these benefits, CMS is not only connecting caregivers with crucial resources but also facilitating their active participation in the care process. These supports can alleviate caregiver burden, reduce stress, and improve caregivers' overall well-being, ultimately enabling them to better support their loved ones and function more effectively as part of the care team.

Family caregivers have a vital role in promoting the health and well-being of MA beneficiaries, and their experiences and needs must be central to program development and evaluation. Therefore, careful implementation and continuous evaluation of these updates, informed by robust engagement with family caregivers, are essential to ensure they achieve their intended outcomes and avoid unintended consequences.

We look forward to collaborating with CMS on these important goals, including ensuring caregiver voices are heard and incorporated, and providing further input as needed. Please contact Kim Cantor, Chief External Affairs Officer, at Kim@caregiving.org to discuss these comments further.

⁴ Administration for Community Living. (2022). 2022 National Strategy to Support Family Caregivers. U.S. Department of Health and Human Services. <https://acl.gov/CaregiverStrategy>

A handwritten signature in black ink, appearing to read "Jason Resendez". The signature is fluid and cursive, with a large initial "J" and "R".

Jason Resendez
President & CEO
National Alliance for Caregiving